



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

March 8, 2006

Subject: Your Solid Waste Annual Report and Regulatory Fees are Due May 1

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

What is required of me?

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 will result in a penalty and possible cancellation of your permit to operate in Washington. This is the only notice you will receive from the commission.

What happens if I do not pay my regulatory fees by May 1?

If regulatory fees are not paid by May 1, you will incur:

- a 2 percent penalty on the amount due; and
- a 1 percent monthly interest charge on the unpaid balance.

Can I request an extension of time if I am unable to file the annual report by May 1?

Yes, you must provide the request in writing, including a valid reason for the extension by May 1.

We will notify you when your request is approved or denied. You will still be liable for penalty and interest payments if you fail to pay your regulatory fees by May 1. If you are late filing your annual report or fail to file, you could incur additional penalties up to \$100 a day.

Where do I mail the completed annual report form and regulatory fee payment?

Washington Utilities and Transportation Commission

PO Box 47250

Olympia, WA 98504-7250



March 8, 2006

Page 2

Where can I obtain an electronic version of the annual report?

Forms are available on our website at www.wutc.wa.gov. Locate "Quick Links" then select "2005 annual reports".

Who do I contact if I have questions?

You may call 360-664-1201 or e-mail us at: annualreports@wutc.wa.gov. If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289 or 360-586-8203.

Sincerely,

A handwritten signature in black ink, appearing to read "Carole J. Washburn". The signature is fluid and cursive, with the first name "Carole" being more prominent.

Carole J. Washburn
Executive Secretary

Enclosures

CLASS "C"
(Specialized Carriers)
SOLID WASTE COLLECTION COMPANIES
ANNUAL REPORT

2
0
0
5

Full name and address of Company

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
for the
YEAR ENDED DECEMBER 31, 2005

Inquiries concerning this Annual Report should be addressed to:

NAME: _____ TITLE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____ E-MAIL: _____

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL ___ Check ___ Money Order ___ AMEX ___ Visa ___ MasterCard															For Commission Use Only Credit Card Authorization#: _____				
Credit Card Number:															Expiration Date Month/Year				
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.																			
Name (Printed): _____										Title: _____									
Signature: _____										Date: _____									
For Commission Use Only																			
Reception Number: _____ 001-111-02-68-227-11 _____ Ref. No. _____																			
001-111-02-68-227-01 _____ 001-111-02-68-032-05: _____																			

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250

Web Site: www.wutc.wa.gov

CERTIFICATION

I certify that I, _____ the responsible account officer for _____ (company) have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

**CLASS C ANNUAL REPORT
SCHEDULE 1**

Washington Unified Business Identifier (UBI) No.: _____
(If you do not know your UBI No. please contact the Department of Licensing at 360-664-1400)

Company Name: _____

d/b/a: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____

E-mail: _____

Fax Number: _____

Web Address: _____

US DOT Number: _____

BUSINESS STRUCTURE

☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC, etc.)

List the name, title, and percentage of partner's shares or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name	Title	Percentage of shares, stock or ownership

ALLOWANCE FOR OWNER'S SERVICES

Show duties performed and estimated annual number of hours devoted to the business for the sole proprietor or for each member of partnership. Also provide the total allowance for such services if not included in Schedule 2.

Name	Address	Duties Performed	No. of Hours	Allowance Amount

ADDITIONAL COMPANY INFORMATION

Current Insurance Company:	Policy Number:
Safety Contact Person:	Telephone Number:
Operations Contact Person:	Telephone Number:
Customer Service Contact Person:	Telephone Number:
Number of Commercial Motor Vehicles Operated in 2005:	
Number of Commercial Motor Vehicle Drivers Employed in 2005:	
Total Operating Miles in 2005:	

Did you have any Recordable Accidents in 2005? ☐ Yes ☐ No

If yes, how many recordable accidents? _____

(Please indicate total recordable accidents for both interstate and intrastate operations)

Recordable Accident Definition:

An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality;
2. Injury to a person requiring immediate treatment away from the scene of the accident; or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

**TOTAL COMPANY INCOME STATEMENT
SCHEDULE 2**

Complete this Income Statement in accordance with the year-end accumulated figures as reflected in your books of account.

Line	Account	Total Company
	(a)	(b)
	Revenues:	
1	Solid Waste Related Revenue	_____
2	Other Revenue	_____
3	Total Revenue	_____
	Expenses:	
4	Driver Wages & Benefits	_____
5	Truck Operating Costs	_____
6	Repair & Maintenance	_____
7	Insurance & Safety	_____
8	Disposal & Processing	_____
9	Depreciation	_____
10	Selling & Advertising	_____
11	Office & Administration	_____
12	Taxes & Licenses	_____
13	Rents	_____
14	Other Solid Waste Expenses	_____
15	Total Expenses before Other Items	_____
		(add lines 4 thru 14)
16	Net Income before Other Items	_____
		(line 3 minus line 15)
	Other Income & Expense:	
17	Other Income/(Loss)	_____
18	Interest, Dividends, & Other Investment Income/(Loss)	_____
19	Interest Expense	_____
20	Other Deductions	_____
21	Extraordinary Items (Net)	_____
22	Total Other Income & Expense	_____
		(add lines 17 thru 21)
23	Net Income before Federal Income Taxes	_____
		(add lines 16 & 22)
24	Federal Income Taxes	_____
25	Net Income/(Loss)	_____
		(line 23 minus line 24)

**SOLID WASTE CUSTOMER REVENUES AND STATISTICS
SCHEDULE 3**

Customer Classification (1)	Annual Miles Operated (2)	Number of Customers at Year End (3)	Annual Solid Waste Revenue (4)
Residential			
Commercial			
Drop Box/Compactor			
Other			
TOTALS			

**SOLID WASTE COLLECTION PROPERTY OWNED AT YEAR END
SCHEDULE 4**

Description of Property (1)	Cost (2)	Accumulated Depreciation at Year End (3)	Net Book Value at Year End (4) = (2) – (3)
Land & Structures			
Solid Waste Collection Equipment			
Bins, Containers, Drop Boxes, etc.			
Other			
TOTALS			

REGULATORY FEE CALCULATION SCHEDULE

Company Name _____ Annual Report Year 2005

In accordance with RCW 81.77.080 "Regulatory Fees", the Commission requires Solid Waste companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below.

1 Total Gross Intrastate Operating Revenue **	1	\$
2 Less Non Fee-Paying Revenue (from line 15 below)	2	\$
3 Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 2 from 1)	3	\$
4 Regulatory Fee Calculations:	4	
4a If line 3 is UNDER \$2,000, Enter ZERO (Filing ZERO indicates schedule is complete)	4a	\$

4b If line 3 is OVER \$2,000-enter amount from line 3	4b	\$	x .19 % (.0019)		\$
5 Total Regulatory Fees owed (add lines 4a and 4b)	5	\$			
Agency Use Only 001-111-02-68-227-01					

Complete Lines 6 through 9 if filing after May 1

6 Penalties on Regulatory Fees filed after May 1	6				
6a Total Penalties on Regulatory Fees owed - enter amount from line 5	6a	\$	x 2 % (.02)	=	\$
7 Interest on Regulatory Fees filed after May 1	7				
7a Amount from line 5 _____ x Number of months past May _____ x 1% (.01) =	7a	\$			
8 Total Penalties and Interest owed (add lines 6a and 7a)	8	\$			
Agency Use Only 001-111-02-68-227-11					

9 Total Regulatory, Penalty and Interest Fees Due (add lines 5 and 8)	9	\$
---	---	----

**** Note:** Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.

SCHEDULE C. NON FEE-PAYING REVENUE

Description	Amount
10.	\$
11.	
12.	
13.	
14.	
15. Total Non Fee-Paying Revenue	